



Washington State Rx Services
P.O. Box 40168 Portland, OR 97240-0168



Dear Enrollee,

Washington State Rx Services (WSRxS) is the pharmacy benefit manager for the Aetna Public Employees Plan. WSRxS is a group of companies that maintains the pharmacy network, provides a mail-order pharmacy, processes prescription drug claims, and manages the Aetna Public Employees Plan preferred drug list.

We've included several documents to help you get the most from your prescription drug benefit:

- **Guide to Your Prescription Drug Benefit**
- **Mail-Order Form and Envelope**
- **Pharmacy Chain Network List**

Here are some other important points about your coverage:

Contact Information

Washington State Rx Services Customer Service (M-F 7:30 am – 5:30 pm PT) 1-888-361-1612
Wellpartner Mail-order Pharmacy Customer Service (M-F 8:00 am – 5:00 pm PT) 1-800-815-3539
Aetna Public Employees Web site www.aetnahca.com

I.D. Cards

You will receive your subscriber I.D. card(s) in a separate mailing from Aetna. If you don't receive your card(s) by January 14th, call Aetna Member Services at 1-800-222-9205.

Retail Pharmacy Network

Washington State Rx Services offers a large network of retail pharmacies. To see if your pharmacy is in the network, check the pharmacy locator on the Aetna Web site or call us.

Mail Order

Wellpartner is the network mail-order pharmacy. You can start using Wellpartner in 2008 by mailing original prescription(s) (no photocopies) with a completed order form to Wellpartner. To ensure timely service, please register online or by calling Wellpartner. You may then direct your provider's office to fax the prescription(s) directly to Wellpartner. Refill orders may be placed by calling Wellpartner or online through your pharmacy account.

Direct Reimbursement Claims

If you use a non-network pharmacy or have other insurance that pays first, you will need to use a prescription claim form to get reimbursed. You can find claim forms on the Aetna Public Employees Plan Web site or by calling Washington State Rx Services.

We look forward to serving you in 2008!



Quick Start Guide

to Your Prescription Drug Benefit



Washington State Rx Services

1-888-361-1612
Monday–Friday
7:30 am–5:30 pm
www.aetnahca.com

Wellpartner

Mail-Order Pharmacy
1-800-815-3539
Monday–Friday
8:00 am–5:00 pm
www.wellpartner.com



Who is Washington State Rx Services?

Washington State Rx Services is a group of companies that contract directly with the Washington State Health Care Authority.

- The ODS Companies provides overall administration of the prescription drug benefit and customer service.
- MedImpact manages the pharmacy network and processes pharmacy claims.
- Wellpartner provides mail-order pharmacy services.
- BioScrip manages the network specialty drug mail-order pharmacy.

What You Should Know About Your Prescription Drug Benefit

This guide gives details on how to fill prescriptions at a retail or mail-order pharmacy, how to save money when filling prescriptions, and how much your prescriptions will cost.

Find a Local Network Pharmacy

- Check the pharmacy directory online at www.aetnahca.com.
- Call Washington State Rx Services at 1-888-361-1612.

Order Prescriptions Through Wellpartner Mail-Order Pharmacy

- Your physician can fax a prescription to Wellpartner at 1-866-624-5797.
- You can mail in your prescription with the Wellpartner order form in your welcome packet or online at www.aetnahca.com.

Order Refills Through Mail Order

- Use your online pharmacy account at www.aetnahca.com or at www.wellpartner.com.
- Call Wellpartner at 1-800-815-3539.

Save Money on Prescriptions

- Buy generic (Tier 1) or preferred drugs (Tier 2) whenever possible.
- Check the *Washington State Rx Preferred Drug List (PDL)* for less expensive alternatives.
- Compare prices for mail order and retail by using the online "Prescription Price Check" or calling Washington State Rx Services.
- Ask your provider to write "allow substitutions" on your prescription in case a lower cost generic is available.
- Ask for a 90-day supply of your prescription when appropriate, then use mail order to fill it.

Two Ways to Get the Most From Your Prescription Drug Benefit

Order by Mail and Save Time and Money

Wellpartner is your network mail-order pharmacy. Wellpartner offers convenient delivery of your prescriptions anywhere in the U.S. in 10 business days or less with no shipping charges. And if you need more than a 60-day supply of a drug, you pay less if you order from Wellpartner.

Check the Preferred Drug List (PDL)

The PDL is a list of drugs covered by your health plan. The PDL tells you:

- What tier the drug falls under (Tier 1, 2, or 3).
- If the drug has to be preauthorized.
- If there are any limits on how much you can buy.
- If there are less expensive, alternative drugs.

Washington State Rx Services updates the PDL quarterly. It's a good idea to check the PDL periodically to see if coverage for your drug has changed. You can view the PDL online or request a copy from Washington State Rx Services.

What You Pay

What you pay for prescriptions depends on your drug's tier level and whether you buy at retail or through mail order. You can find your drug's tier level by checking the *Preferred Drug List*. If you need help understanding your drug costs or have questions about less expensive alternatives, call Washington State Rx Services at 1-888-361-1612.

Note: If your prescription costs less than the applicable copay shown below, you pay only the actual cost of the drug.

Tier	How Much Will I Pay?	
	At a Network Retail Pharmacy (up to a 30-day supply)	At Wellpartner [®] Mail-order Pharmacy (up to a 90-day supply)
Tier 1 Generic drugs	\$10 copay	\$20 copay
Tier 2 Preferred brand-name drugs	\$25 copay	\$50 copay
Tier 3 Nonpreferred brand-name drugs and compounded prescriptions	\$40 copay ¹	\$80 copay

¹ Tier 3 drugs that have a generic equivalent are subject to an ancillary charge. See page 4.

You can still purchase up to a 90-day supply at a retail pharmacy, but you will pay three copays (one copay per 30-day supply)

Get 24-Hour Service Online at www.aetnahca.com

- Find a network pharmacy.
- Access your online pharmacy account.
- Order mail-order refills.
- View your claims history.

Ancillary Charge—How it Works

If you choose a brand-name drug when you could have purchased a generic drug, you will pay the difference in cost. Here's how it works:

1. You purchase a brand-name Tier 3 drug that has a generic equivalent.
2. Your plan pays the same amount we would have paid if you had purchased the generic equivalent.
3. You pay the rest.

How the Ancillary Charge Works at a Network Retail Pharmacy

	Generic Version of Drug (Tier 1)	Brand-name Version of Drug (Tier 3)
Drug Cost	\$25	\$150
What Your Plan Pays	\$15	\$15 (Your plan pays as if you purchased the Tier 1 version.)
What You Pay	\$10 copay	\$135 (ancillary charge)

Why Do I Have to Pay an Ancillary Charge?

Generic drugs have the same active ingredients and have been determined by the Food and Drug Administration as being therapeutically identical to their brand-name versions. Choosing generics saves money for you and helps keep premiums low for everyone in the plan.

How Can I Avoid the Ancillary Charge?

Ask your doctor to write the prescription with "substitution permitted." Then, if there is a generic version of the drug, the pharmacist will automatically fill your prescription with the generic. If a generic becomes available in the future, you will get the generic when you refill your prescription.



Washington State Rx Services

1-888-361-1612
Monday–Friday
7:30 am–5:30 pm
www.aetnahca.com

Wellpartner

Mail-Order Pharmacy
1-800-815-3539
Monday–Friday
8:00 am–5:00 pm
www.wellpartner.com

HOW TO ORDER

New Prescriptions

Fill out this order form completely. Enclose the original prescription(s) your doctor gave you and your payment in the envelope provided.

Unless otherwise noted by you, Wellpartner will fill your prescriptions for the quantities prescribed as written by your doctor.

Refill Prescriptions

You may order your Wellpartner prescription refill(s) by mail using this order form. Or, choose from telephone, fax or internet options to place your refill order(s).

Prescriptions at Other Pharmacies

If you have prescriptions that are currently being filled by another pharmacy, please have your doctor or nurse practitioner fax or call Wellpartner with all of the prescriptions that are needed now. Your doctor can fax prescriptions to Wellpartner at 1-866-624-5797. Or, if you have a new prescription, you can enclose that prescription with this order form.

Shipping Charges

Standard shipping is FREE on all orders containing prescription items. Next-day and second-day delivery are available for an additional charge.

Therapeutic Interchange Program (TIP)

For drugs that are not on the Washington State Preferred Drug List, TIP allows the pharmacist to substitute a less expensive therapeutically equivalent drug. The pharmacist will consult your doctor before making any substitution.

Payment Options

Full payment is required at the time of order. Payment options include:

- Check
- Money Order
- Credit Card (DISC, VISA, MC, AMEX)



Delivery Time

Our goal is for you to receive your shipment within four to seven business days from the date we receive your order.

Generic Drugs

Our pharmacists will substitute a less expensive generic medication for the brand-name medication your doctor prescribed, unless you or your doctor indicate otherwise. We utilize only FDA-approved generic medications that meet rigid quality and equivalence guidelines.

Confidentiality

In order to more effectively monitor your prescription drug therapy and better serve you, we have requested personal information such as your date of birth, medical conditions, and known drug allergies. This information, as well as all personal information retained by Wellpartner, is strictly confidential and will only be used to help us provide you with the utmost in pharmacy care.

① Aetna Public Employees Plan
Order toll-free by phone:
1-800-815-3539

② Order by mail:
P.O. Box 5909
Portland, OR 97228-5909

③ Order online:
www.wellpartner.com

④ Order toll-free by FAX:
1-866-624-5797





Patient Information

Last Name _____
First Name _____ MI _____
Date of Birth _____ ☐ Male ☐ Female
Prescriber _____
Prescriber Phone # _____
Medical Record # (if applicable) _____

Allergies (Check all that apply)

☐ None known ☐ Aspirin ☐ Codeine
☐ Erythromycin ☐ Penicillin ☐ Morphine ☐ Sulfam
Other _____

Medical Conditions (Check all that apply)

☐ None known ☐ Active Ulcer ☐ Arthritis
☐ Asthma ☐ Congestive Heart Failure ☐ Diabetes
☐ High Blood Pressure ☐ Hyperthyroid
☐ Hypothyroid ☐ Kidney Disorder ☐ Liver disorder
Other _____

Shipping Information

☐ Permanent address ☐ Address for this order only
Address _____
City _____ State _____ Zip _____
Daytime Phone _____
E-mail Address _____

Prescription Insurance Information

Insurance plan _____
Group name/number _____
Subscriber ID number _____
Primary subscriber name _____
Relationship to subscriber: ☐ Self ☐ Spouse/Partner
☐ Child/Dependent
Insurance phone # _____
(refer to back of insurance card).

Insurance customers: Please note, your prescriptions will be filled in accordance with your plan limitations. If you have any questions, please contact your benefits coordinator.

Payment Information

☐ Check enclosed ☐ Credit card ☐ Money Order



Credit card number _____
Expiration date _____
Name on card _____
Signature of cardholder _____

Generic Preference

See reverse side for our generic policy.

Generics OK? ☐ Yes ☐ No

Therapeutic Interchange Program (TIP) OK? ☐ Yes ☐ No
Note: Checking yes allows us to contact your doctor to suggest substituting an equivalent drug for your prescription, if available. See TIP on reverse side for details. Checking no may result in higher prices or copays.

Safety Cap Preference

Federal Law requires us to dispense your medication with a child-resistant cap. If you do **NOT** want to receive your medications with child-resistant caps, please sign below.

Signed _____

Prescription Items (new, refill & transfer)

	(For transfers) Pharmacy Name & Phone Number	Prescriber Name & Phone Number	Rx #	Medication Name & Strength	Qty.	Price/ Copay
1						
2						
3						
4						
5						
Shipping Charge (see reverse for shipping charge information):						
TOTAL AMOUNT OF ORDER:						

Post office
will not deliver
without
postage

Wellpartner Pharmacy
PO Box 5909
Portland, Oregon
97228-5909



Washington State Rx Services Network National Pharmacy Chain Listing

Updated
10/30/07

Aetna Public Employees Plan enrollees: visit aetnahca.com or call
1-888-361-1612 to find out if your pharmacy is in the network.

A

AccessHealth
Accredo Health Group, Inc.
ACME Pharmacy
Ahold USA, Inc.
Albertson's, Inc.
Allscripts, LLC
AmerisourceBergen
A&P USA (The Great Atlantic &
Pacific Tea Co., Inc.)
AWG Pharmacy Network
Aurora Pharmacy, Inc.

B

Bartell Drug Co.
Bi-Lo, LLC
Bi-Mart Corporation
BJ's Pharmacy
Brookshire Grocery Company
Brookshire Bros., Ltd.
Buehler Foods, Inc.

C

Coborn's, Inc.
Costco Pharmacies
Cub Pharmacy
CVS Pharmacy, Inc.

D

Dillon Pharmacy
Discount Drug Mart, Inc.
Doc's Drugs, Inc.
Dominick's Pharmacy
Drug Fair
Drug Emporium
Duane Reade

E

Eckerd / Brooks Pharmacy
EPIC Pharmacy Network

F

Fagen Pharmacy
Family Pharmacy
FamilyMeds Pharmacies
Fairview Pharmacy Services, LLC
Food City Pharmacy
Fred Meyer Pharmacy
Fred's Pharmacy

G

Giant Eagle, Inc.
Giant Pharmacy

H

H.E.B. Grocery Company, LP
Haggen / TOP Pharmacy
Hannaford Bros., Inc.
Happy Harry's Discount Drugs
Harps Food Stores, Inc.
Harris Teeter Pharmacy
Harvey's Supermarket Pharmacy
Hi-School Pharmacy
Horton & Converse Pharmacies
Hy-Vee, Inc.

I

Indian Health Services
Ingles Markets, Inc.

K

Kmart Corporation
Kerr Drugs, Inc.
Kinney Drugs
The Kroger Co.
K-VA-T Food Stores

L

LifeChek Drug
Longs Drug Stores

M

Major Value Pharmacy Network
Managed Pharmacy Care & Rx
Pride
Marsh Drugs, LLC
Medical Arts Pharmacy
Medical Center Pharmacy
Medicap Pharmacies, Inc.
Medicine Shoppe Pharmacies
Meijer Pharmacy

N

Neighborcare
Northeast Pharmacy Services

O

OSCO Drug

P

Pamida Pharmacy
Pathmark Pharmacy
Pharmerica

P (continued)

PPOK (Pharmacy Providers of
Oklahoma)
Price Chopper
Publix Supermarkets

Q

QSI-FamilyCare
Quality Food Centers (QFC)

R

Raley's
Ralphs Pharmacy
Randall's Pharmacy
Rite-Aid

S

Safeway Pharmacy
Sam's Pharmacy
Sav-Mor Drug Stores
Sav-On Drugs
Schnucks Pharmacy
Shopko
ShopRite
Smith's Pharmacy
Synder Drug Stores, Inc.
SuperValu

T

Target
Third Party Station
Thrifty White
Tom Thumb Pharmacy
TOP Food & Drug

U

United Drugs
United Pharmacist Network, Inc.
United Pharmacy / United
Supermarkets
USA Drugs

V

Vons Pharmacy

W

Walgreens
Wal-Mart Stores, Inc.
Wegman's
Weis Markets
Wellpartner (mail order pharmacy)
Winn Dixie